



Allergy, Asthma & Immunology Associates, P.C.

Dr. Roger H. Kobayashi

Dr. Brett V. Kettelhut

Warts Questionnaire

Patient Name: _____

Today's Date: _____

Date of Birth: _____

Referring MD: _____

1. How many years have you had warts?

less than one year 1-5 years 6-10 years More than 10 years.

2. Where are the warts located?

Hands/Fingers Arms/Legs Feet/Toes Bottom of Feet
 Face/Scalp Mucous Membranes Other: _____

3. What has been done to try and get rid of the warts?

Chemical/Plaster Irritants Freezing Surgery Laser Therapy
 Anti-Virals Chemotherapy
 Other: _____

4. Have you seen any other specialists for the warts? No

Yes (*list*) _____

5. Do you have problems with other infections?

Chronic Respiratory Infections Chronic Intestinal Infections
 Frequent Yeast Infections HIV
 Other types of skin Infections, i.e. Shingles / Molluscum _____

6. Do you have other health problems which might make you susceptible to chronic infections?

Cancer Diabetes Primary Immunodeficiency
 Medications which might suppress immunity (e.g. Steroids, methohexate.)

7. Have you had bad reactions to vaccines? No Yes

What vaccine? _____

8. Have you had any bad or allergic reactions to any medications? No Yes

What medication? _____

Was it: An Antibiotic Aspirin, Ibuprofen or related Other: _____

9. Are your immunizations up to date?

DPT (Diphtheria, Pertussis, Tetanus) Td (Tetanus & Diphtheria) Flu Shots
 Pneumovax (Pneumoccal) Hepatitis Other: _____
(If 65 or older)

10. Do you have any other health problems we should know about?

- Heart Lung Gastrointestinal Kidneys
 Neurological Muscular / Skeletal Genitourinary tract
 Skin Kidneys Other: _____

11. Have you ever been hospitalized or gone to the ER / Urgent Care? Yes No
or had any operations? Yes No

If yes, explain: _____

12. Do you have other family members, relatives with allergy, asthma, sinus or recurrent infections?

- Mother Father Brother Sister
 Aunt Uncle Grandparents Children _____

13. Are there any other health problems which tend to run in your family?

- Warts Diabetes Kidney Infections Heart Arthritis
 High Blood Pressure Cancer Other _____

14. Do you share a shower or bath? Yes No

At this visit the doctor may decide to first run a delayed test on your skin to see how you react prior to treatment. Delayed testing involves injecting a very small amount of Tb, Candida or Diptheria/Tetanus under your skin and the results are read 2 days later.

Warts are treated by injection every 10 days as necessary.



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Dr. Roger H. Kobayashi Dr. James M. Tracy Dr. Brett V. Kettelhut

Metal Allergy Questionnaire

Patient Name: _____ DOB: _____ Date: _____

What is your major problem(s) which brought you here? _____

What date is your surgery / procedure scheduled? _____

Name of surgeon or doctor? _____

What type of reaction to metal occurred? _____

Were there precipitating factors - Jewelry Jean Snaps Other: _____

LIST MEDICATIONS YOU ARE CURRENTLY TAKING: Name, Dose and Frequency.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any other health problems?

Heart High Blood Pressure Infections Hives
 Latex Allergy Resins/Epoxy, Adhesives Allergy
 Other _____

Do you have any medication allergies? _____

10. Do you have any other health problems we should know about?

- Heart Lung Gastrointestinal Kidneys
 Neurological Muscular / Skeletal Genitourinary tract
 Skin Kidneys Other: _____

11. Have you ever been hospitalized or gone to the ER / Urgent Care? Yes No
or had any operations? Yes No

If yes, explain: _____

12. Do you have other family members, relatives with allergy, asthma, sinus or recurrent infections?

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